

ENCOUNTER KEYS

JULY-AUGUST, 2012

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Code Changes

- Effective for dates of service on or after April 1, 2012 the following modifier, provider type, revenue code and place of service have been added to the HCPCS codes listed below:

Modifier SG (Ambulatory Surgical Center (ASC) Facility)
 PT 43 (Ambulatory Surgical Center (ASC))
 Revenue Code 0490 (Ambulatory Surgical Center)
 Place of Service 24 (Ambulatory Surgical Center)

Code	Description
Q4123	Alloskin RT, Per Square Centimeter
Q4125	Arthroflex, Per Square Centimeter
Q4128	Flexhd Or Allopatch HD, Per Square Centimeter
Q4129	Unite Biomatrix, Per Square Centimeter

- Effective for dates of service July 1, 2012 the following HCPCS codes now have an AHCCCS coverage code of 09 (Medicare Only):

Code	Description
Q2045	Injection, Human Fibrinogen Concentrate, 1 mg
Q2048	Injection, Doxorubicin Hydrochloride, Liposomal, Doxil,

End Dated Code

The HCPCS codes C9291 (Injection, Aflibercept, 2 mg vial) and C9732 (Insertion of Ocular Telescope Prosthesis Including Removal) have been end dated with the effective date of June 30, 2012.

Diagnosis Code

The diagnosis code 747.83 (Persistent Fetal Circulation) minimum and maximum ages have been changed to read minimum age 000Y and maximum age 999Y.

Coverage Code

- The coverage code for the ICD-9 code 46.86 (Endoscopic Insertion Of Colonic Stent(s)) has been changed to 01 (Covered Service/Code Available) with an effective date of January 1, 2011.

Code Changes

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PT 43 (Ambulatory Surgical Center (ASC))
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277 Unsolicited Claims Status

Effective October 1, 2012, AHCCCS will be correcting the version information in the 277 Unsolicited Claims Status (277U) to the correct value. All 277U files generated by AHCCCS after October 1, 2012, will reflect a GS08 (Version / Release / Industry Identifier Code) data element of '003070X070' rather than '003070'. There will be no changes to the file availability or to the encounter data contained in the file.

Category of Service (COS)

COS 02 (Surgery) has been added to the CPT code 61001 (Subdural Tap Through Fontanelle, Or Suture, Infant, Unilateral Or Bilateral; Subsequent Taps) with an effective date of April 16, 1996.

Provider Type (PT)

- Effective for dates of service on or after January 1, 2012 the CPT codes below can now be reported by PT 18 (Physician's Assistant) and 19 (Registered Nurse Practitioner).

Code	Description
94726	Plethysmography For Determination Of Lung Volumes And, When Performed, Airway Resistance
94727	Gas Dilution Or Washout For Determination Of Lung Volumes And, When Performed, Distribution Of Ventilation And Closing Volumes
94728	Airway Resistance By Impulse Oscillometry
94729	Diffusing Capacity (e.g., Carbon Monoxide, Membrane) (List Separately In Addition To Code For Primary Procedure)

- Effective for dates of service on or after January 1, 2011 the HCPCS code G0431 (Drug Screen, Qualitative; Multiple Drug Classes by High Complexity Test Method (e.g., Immunoassay, Enzyme Assay), Per Patient Encounter) has been added to PT 02 (Hospital).
- Effective for dates of service on or after January 1, 2011 the HCPCS code G0283 (Electrical Stimulation (Unattended), To One Or More Areas For Indication(s) Other Than Wound Care, As Part Of A Therapy Plan Of Care) has been added to PT 13 (Occupational Therapist).
- Effective for dates of service on or after January 1, 2011 the PT19 (Registered Nurse Practitioner) can report the following CPT codes:

Code	Description
76815	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Limited (e.g., Fetal Heart Beat, Placental Location, Fetal Position And/or Qualitative Amniotic Fluid Volume), 1 Or More Fetuses
76816	Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Follow-Up (e.g., Re-Evaluation Of Fetal Size By Measuring Standard Growth Parameters And Amniotic Fluid Volume, Re-Evaluation Of Organ System(s) Suspected Or Confirmed To Be Abnormal On A Previous Scan), Transabdominal Approach, Per Fetus

New Codes

Effective for the dates of service July 1, 2012

Code	Description	Coverage Code	Place of Service	Provider Type
0302T	Insert or removal and replacement of intracardiac ischemia monitoring system include imaging S & I when performed and intra-operative interrogation and programming when performed; complete system (includes device and electrode)	04	05, 06, 07, 08, 21, 22, 24	8; 31; 43
0303T	Insert or removal and replacement of intracardiac ischemia monitoring system incl imaging S & I when performed and intra-operative interrogation and programming when performed; electrode only	04	05, 06, 07, 08, 21, 22, 24	8; 31; 43
0304T	Insert or removal and replacement of intracardiac ischemia monitoring system incl imaging S & I when performed and intra-operative interrogation and programming when performed; device only	04	05, 06, 07, 08, 21, 22, 24	8; 31; 43
0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	04	05, 06, 07, 08, 11, 22, 49, 50, 71, 72	8; 31
0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	04	05, 06, 07, 08, 11, 22, 49, 50, 71, 72	8; 31
0307T	Removal of intracardiac ischemia monitoring device	04	05, 06, 07, 08, 21, 22, 24	8; 31; 43
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	04	05, 06, 07, 08, 21, 22, 24	8; 31; 43
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agriflu)	01	05, 06, 07, 08, 11, 12, 15, 21, 22, 23, 31, 32, 33, 34, 49, 50, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72	02; 05; 08; 18; 19; 31
Q2045	Injection, human fibrinogen concentrate, 1 mg	01	05, 06, 07, 08, 11, 21, 22, 24, 49, 50, 71, 72	02; 05; 08; 31; 43
Q2046	Injection, aflibercept, 1 mg	01	05, 06, 07, 08, 11, 21, 22, 24, 49, 50, 71, 72	8; 31; 43
Q2047	Injection, peginesatide, 0.1 mg)for ESRD on dialysis)	01	05, 06, 07, 08, 11, 22, 49, 50, 65, 71, 72	8; 31; 43

New Codes (Continued)

Code	Description	Coverage Code	Place of Service	Provider Type
Q2048	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg	01	05, 06, 07, 08, 11, 21, 22, 24, 49, 50, 71, 72	8; 31; 43
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	01	05, 06, 07, 08, 11, 21, 22, 24, 49, 50, 71, 72	8; 31; 43
S1090	Mometasone furoate sinus implant, 370 micrograms	04	05, 06, 07, 08, 11, 22, 49, 50, 71, 72	08; 31

Coverage Codes, Descriptions & Provider Types for New Codes Listed

01 Covered Service/Code Available

04 Not Covered Service/Code Not Available

Provider Type

02	Hospital	08	MD-Physician
05	Clinic	18	Physician's Assistant
08	MD-Physician	19	Registered Nurse Practitioner
18	Hospital	31	DO-Physician Osteopath
05	Clinic	43	Ambulatory Surgical Center

Place of Service (POS)

POS	Description	POS	Description
05	Indian Health Service Free-Standing Facility	34	Hospice
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638 Free-Standing Facility	50	Federally Qualified Health Center
08	Tribal 638 Provider-Based Facility	53	Community Mental Health Center
11	Office	54	Intermediate Care Facility/Mental Retard
12	Home	55	Residential Substance Abuse Treat Facility
15	Mobile Unit	56	Psychiatric Residential Treatment Center
21	Inpatient Hospital	60	Mass Immunization Center
22	Outpatient Hospital	61	Comprehensive Inpatient Rehab Facility
23	Emergency Room - Hospital	62	Comprehensive Outpatient Rehab Facility
24	Ambulatory Surgical Center	65	ESRD Treatment Facility
31	Skilled Nursing Facility	71	State Or Local Public Health Clinic
32	Nursing Facility	72	Rural Health Clinic
33	Custodial Care Facility		

Limits

The procedure daily maximum has been increased to two (2) for the CPT codes 93797 (Physician Services for Outpatient Cardiac Rehabilitation; Without Continuous ECG Monitoring (Per Session)) and 93798 (Physician Services for Outpatient Cardiac Rehabilitation; With Continuous ECG Monitoring (Per Session)).

- The procedure daily maximum has been increased to ten (10) for the following CPT codes:

Code	Description
95145	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Single Stinging Insect Venom
95146	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); 2 Single Stinging Insect Venoms
95147	Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); 3 Single Stinging Insect Venoms

- The Laboratory limits and frequency have been removed from the CPT code 90670 (Pneumococcal Conjugate Vaccine, 13 Valent, For Intramuscular Use).

Procedure Daily Maximum

The procedure daily maximum has been changed to five (5) for the CPT codes:

Code	Description
64634	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)
64636	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(s), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure)

"Learning is not attained by chance. It must be sought for with ardor and attended to with diligence."

Adams, Abigail

Place of Service (POS)

- Effective for dates of service on or after January 1, 2011 the POS 11 (Office) can be reported with the HCPCS code Q4101 (Apligraf, Per Square Centimeter).
- Effective for dates of service on or after January 1, 2011 the POS 11 (Office) can be reported with the following CPT codes:

Code	Description
37184	Primary Percutaneous Transluminal Mechanical Thrombectomy, Noncoronary, Arterial Or Arterial Bypass Graft, Including Fluoroscopic Guidance And Intraprocedural Pharmacological Thrombolytic Injection(s); Initial Vessel
37185	Primary Percutaneous Transluminal Mechanical Thrombectomy, Noncoronary, Arterial Or Arterial Bypass Graft, Including Fluoroscopic Guidance And Intraprocedural Pharmacological Thrombolytic Injection(s); Second And All Subsequent Vessel(s) Within The Same Vascular Family (List Separately In Addition To Code For Primary Mechanical Thrombectomy Procedure)
37186	Secondary Percutaneous Transluminal Thrombectomy (e.g., Nonprimary Mechanical, Snare Basket, Suction Technique), Noncoronary, Arterial Or Arterial Bypass Graft, Including Fluoroscopic Guidance And Intraprocedural Pharmacological Thrombolytic Injections, Provided In Conjunction With Another Percutaneous Intervention Other Than Primary Mechanical Thrombectomy
37188	Percutaneous Transluminal Mechanical Thrombectomy, Vein(s), Including Intraprocedural Pharmacological Thrombolytic Injections And Fluoroscopic Guidance, Repeat Treatment On Subsequent Day During Course Of Thrombolytic Therapy

- Effective for dates of service on or after January 1, 2011 the CPT code 00952 (Anesthesia For Vaginal Procedures (Including Biopsy Of Labia, Vagina, Cervix Or Endometrium); Hysteroscopy And/OR Hysterosalpingography) can be reported with the following POS:

- 49 Independent Clinic
- 50 Federally Qualified Health Center
- 72 Rural Health Clinic



(POS)

Effective for dates of service on or after June 1, 2012 the following CPT codes can be reported with the POS 13 (Assisted Living Facility); 31 (Skilled Nursing Facility) and 32 (Nursing Facility). The codes with ** already have POS 31 and 32 already with DOS 01/01/10.

Code	Descriptions
65205	Removal Of Foreign Body, External Eye; Conjunctival Superficial
65220	Removal Of Foreign Body, External Eye; Corneal, Without Slit Lamp
65222	Removal Of Foreign Body, External Eye; Corneal, With Slit Lamp
67820	Correction Of Trichiasis; Epilation, By Forceps Only
68020	Incision Of Conjunctiva, Drainage Of Cyst
68761	Closure Of The Lacrimal Punctum; By Plug, Each
68840	Probing Of Lacrimal Canaliculi, With Or Without Irrigation
76514**	Ophthalmic Ultrasound, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of Corneal Thickness)
92002**	Ophthalmological Services: Medical Examination And Evaluation With Initiation Of Diagnostic And Treatment Program; Intermediate, New Patient
92012**	Ophthalmological Services: Medical Examination And Evaluation, With Initiation Or Continuation Of Diagnostic And Treatment Program; Intermediate, Established Patient
92015	Determination Of Refractive State
92018	Ophthalmological Examination And Evaluation, Under General Anesthesia, With Or Without Manipulation Of Globe For Passive Range Of Motion Or Other Manipulation To Facilitate Diagnostic Examination; Complete
92019	Ophthalmological Examination And Evaluation, Under General Anesthesia, With Or Without Manipulation Of Globe For Passive Range Of Motion Or Other Manipulation To Facilitate Diagnostic Examination; Limited
92020	Gonioscopy (Separate Procedure)
92060	Sensorimotor Examination With Multiple Measurements Of Ocular Deviation (e.g., Restrictive Or Paretic Muscle With Diplopia) With Interpretation And Report (Separate Procedure)
92071	Fitting Of Contact Lens For Treatment Of Ocular Surface Disease
92083**	Visual Field Examination, Unilateral Or Bilateral, With Interpretation And Report; Extended Examination (e.g., Goldmann Visual Fields With At Least 3 Isopters Plotted And Static Determination Within The Central 30, Or Quantitative, Automated Threshold Perimetry, Octopus Program G-1, 32 Or 42, Humphrey Visual Field Analyzer Full Threshold Programs 30-2, 24-2, Or 30/60-2)
92100	Serial Tonometry (Separate Procedure) With Multiple Measurements Of Intraocular Pressure Over An Extended Time Period With Interpretation And Report, Same Day (e.g., Diurnal Curve Or Medical Treatment Of Acute Elevation Of Intraocular Pressure)

92225**	Ophthalmoscopy, Extended, With Retinal Drawing (e.g., For Retinal Detachment, Melanoma), With Interpretation And Report; Initial
92226**	Ophthalmoscopy, Extended, With Retinal Drawing (e.g., For Retinal Detachment, Melanoma), With Interpretation And Report; Subsequent
92250**	Fundus Photography With Interpretation And Report
92285**	External Ocular Photography With Interpretation And Report For Documentation Of Medical Progress (e.g., Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography)
95060**	Ophthalmic Mucous Membrane Tests

- Effective for dates of service on or after January 1, 2011 the following CPT codes can be reported with the POS 23 (Emergency Room – Hospital):
- Effective for the dates of service on or after January 1, 2011 the POS 22 has been added to CPT codes 20956 (Bone Graft With Microvascular Anastomosis; Iliac Crest) and 61500 (Craniectomy; With Excision Of Tumor Or Other Bone Lesion Of Skull).

Code	Description
14000	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect 10 Sq Cm Or Less
14001	Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect 10.1 sq cm To 30.0 sq cm
14020	Adjacent Tissue Transfer Or Rearrangement, Scalp, Arms And/Or Legs; Defect 10 sq cm Or Less
14021	Adjacent Tissue Transfer Or Rearrangement, Scalp, Arms And/Or Legs; Defect 10.1 sq cm To 30.0 sq cm
14041	Adjacent Tissue Transfer Or Rearrangement, Forehead, Cheeks, Chin, Mouth, Neck, Axillae, Genitalia, Hands And/Or Feet; Defect 10.1 sq cm To 30.0 sq cm

- Effective for dates of service on or after January 1, 2011 the CPT codes 38720 (Cervical Lymphadenectomy (Complete)) and 38724 (Cervical Lymphadenectomy (Modified Radical Neck Dissection)) can now be reported with the for the POS 24 (Ambulatory Surgical Center). These codes had previously been end dated as of September 30, 2010.
- Effective for dates of service on or after January 1, 2011 the CPT Code 40806 (Incision Of Labial Frenum (Frenotomy)) can be reported at the following POS's:

POS	Description	POS	Description
11	Office	49	Independent Clinic
50	Federally Qualified Health Center	71	State Or Local Public Health Clinic
72	Rural Health Clinic		

- Effective for the dates of service on or after January 1, 2006 the following CPT codes have been added to the POS 03 (School):

Code	Description
92626	Evaluation Of Auditory Rehabilitation Status; First Hour
92627	Evaluation Of Auditory Rehabilitation Status; Each Additional 15 Minutes
92630	Auditory Rehabilitation; Prelingual Hearing Loss
92633	Auditory Rehabilitation; Postlingual Hearing Loss
96101	Psychological Testing (Includes Psychodiagnostic Assessment Of Emotionality, Intellectual Abilities, Personality And Psychopathology, e.g., MMPI, Rorschach, WAIS), Per Hour Of The Psychologist's Or Physician's Time, Both Face-To-Face Time Administering Tests To The Patient And Time Interpreting These Test Results And Preparing The Report
96102	Psychological Testing (Includes Psychodiagnostic Assessment Of Emotionality, Intellectual Abilities, Personality And Psychopathology, e.g., MMPI And WAIS), With Qualified Health Care Professional Interpretation And Report, Administered By Technician, Per Hour Of Technician Time, Face-To-Face
96103	Psychological Testing (Includes Psychodiagnostic Assessment Of Emotionality, Intellectual Abilities, Personality And Psychopathology, e.g., MMPI), Administered By A Computer, With Qualified Health Care Professional Interpretation And Report
96116	Neurobehavioral Status Exam (Clinical Assessment Of Thinking, Reasoning And Judgment, e.g., Acquired Knowledge, Attention, Language, Memory, Planning And Problem Solving, And Visual Spatial Abilities), Per Hour Of The Psychologist's Or Physician's Time, Both Face-To-Face Time With The Patient And Time Interpreting Test Results And Preparing The Report
96118	Neuropsychological Testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales And Wisconsin Card Sorting Test), Per Hour Of The Psychologist's Or Physician's Time, Both Face-To-Face Time Administering Tests To The Patient And Time Interpreting These Test Results And Preparing The Report
96119	Neuropsychological Testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales And Wisconsin Card Sorting Test), With Qualified Health Care Professional Interpretation And Report, Administered By Technician, Per Hour Of Technician Time, Face-To-Face
96120	Neuropsychological Testing (e.g., Wisconsin Card Sorting Test), Administered By A Computer, With Qualified Health Care Professional Interpretation And Report
97760	Orthotic(s) Management And Training (Including Assessment And Fitting When Not Otherwise Reported), Upper Extremity(s), Lower Extremity(s) And/Or Trunk, Each 15 Minutes
97761	Prosthetic Training, Upper And/Or Lower Extremity(s), Each 15 Minutes

Place of Service (POS)

- Effective for dates of service January 1, 2011 the CPT code 81000 (Urinalysis, By Dip Stick Or Tablet Reagent For Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, PH, Protein, Specific Gravity, Urobilinogen, Any Number Of These Constituents; Non-Automated, With Microscopy) can be reported with the following POS:

49	Independent Clinic	50	Federally Qualified Health Center
71	State or Local Public Health Clinic	72	Rural Health Clinic

- Effective for dates of service on or after January 1, 2011 the HCPCS code G0431 (Drug Screen, Qualitative; Multiple Drug Classes by High Complexity Test Method (e.g., Immunoassay, Enzyme Assay), Per Patient Encounter) has been added to the PT 02 (Hospital).

Revenue Codes

- Effective for dates of service on or after October 1, 2011 the revenue code 0278 (Supply/Implants) has been added to the HCPCS Code C9359 (Porous Purified Collagen Matrix Bone Void Filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra Os Osteoconductive Scaffold Putty), Per 0.5 cc).
- Revenue code 0343 (Diag Radiopharmaceu) has been added to RF773 for HCPCS code C9406 (Iodine I-123 Ioflupane, Diagnostic, Per Study Dose, Up To 5 Millicuries) with a date span, beginning July 1, 2011 and **ending December 31, 2011**.
- Effective for dates of service on or after January 1, 2012 the revenue code 0450 (Emergency Room) can now be reported with the CPT code 49084 (Peritoneal Lavage, Including Imaging Guidance, When Performed).
- Effective for dates of service on or after January 1, 2011 the revenue code 0450 (Emergency Room) can now be reported with the CPT code 59612 (Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy and/or Forceps)).
- Effective for the dates of service on or after January 1, 2011 the revenue code 0275 (Pacemaker) has been added to HCPCS code C1883 (Adaptor/Extension, Pacing Acing Lead Or Neurostimulator Leadsf (Implantable)).
- Revenue codes 0360 (OR Services) and 0361 (OR Services) have been added to CPT code 15830 (Excision, Excessive Skin and Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Pan-niculectomy) effective date of January 1, 2011.
- Revenue code 0636 (Drugs/Detail Cod) has been added to HCPCS code J1956 (Injection, Levofloxacin, 250 mg).

Revenue Code

Revenue code 0960 (Pro Fee) has been added to the CPT Codes listed below with an effective date of January 1, 2011:

Code	Description
99211	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, That May Not Require The Presence Of A Physician. Usually, The Presenting Problem(s) Are Minimal. Typically, 5 Minutes Are Spent Performing Or Supervising These Services.
99212	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Problem Focused History; A Problem Focused Examination; Straightforward Medical Decision Making.
99213	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making Of Low Complexity.
99214	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Detailed History; A Detailed Examination; Medical Decision Making Of Moderate Complexity.
99215	Office Or Other Outpatient Visit For The Evaluation And Management Of An Established Patient, Which Requires At Least 2 Of These 3 Key Components: A Comprehensive History; A Comprehensive Examination; Medical Decision Making Of High Complexity.

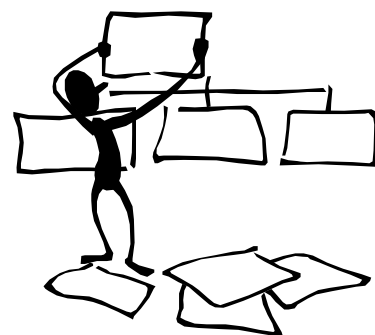
- The revenue code 0343 (Diag Radiopharmaceu) which is associated with HCPCS code C9406 (Iodine I-123 IO Flupane, Diagnosit, Per Study Dose, Up To 5 Millicures) now has an effective date span beginning July 1, 2011 and ends December 31, 2011.
- Effective for the dates of service on or after January 1, 2012 the revenue code 0450 (Emergency Room) has been added to the CPT Code 49084 (Peritoneal Lavage, Including Maging Guidance, Performed).
- Effective for dates of service on or after October 1, 2011 the revenue code 0940 (Other RX SVS) has been added to the CPT code 96522 (Refilling and Maintenance of Implantable Pump or Reservoir For Drug Delivery, Systemic (e.g., Intravenous, Intra-Arterial)).

Modifier

- The definition for the modifier U7 has been changed to read **Agency with Choice**. The effective date of the modifier U7 is October 1, 2012 for the following codes:

Code	Description
S5108	Home Care Training To Home Care Client, Per 15 Minutes
S5110	Home Care Training, Family; Per 15 Minutes
S5115	Home Care Training, Non-Family; Per 15 Minutes
S5125	Attendant Care Services; Per 15 Minutes
S5130	Homemaker Service, NOS; Per 15 Minutes
T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Resident Of A Hospital, Nursing Facility, ICF/MR Or IMD, Part Of The Individualized Plan Of Treatment (Code May Not Be Used To Identify Services Provided By Home Health Aide Or Certified Nurse Assistant)
T2017	Habilitation, Residential, Waiver; 15 Minutes
T2020	Day Habilitation, Waiver; Per Diem
T2021	Day Habilitation, Waiver; Per 15 Minutes
T2038	Community Transition, Waiver; Per Service

- Effective for dates of service on or after January 1, 2012 the modifier 91 (Rep. Lab Test/Non-EMG) has been added to the CPT code 82375 (Carboxyhemoglobin; Quantitative).
- Effective for dates of service on or after January 1, 2011 the modifier U6 (Self-Directed Care/SK) can be reported with the HCPCS code S5125 (Attendant Care Services; Per 15 Minutes).



Provider Type (PT)

- Effective for dates of service on or after January 1, 2011 the CPT codes below have been added to the PT 19 (Registered Nurse Practitioner):

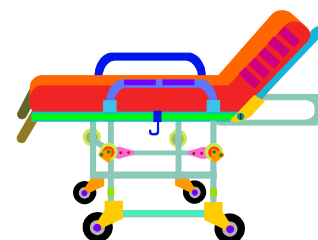
Code	Description
31515	Laryngoscopy Direct, With Or Without Tracheoscopy; For Aspiration
57455	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(s) Of The Cervix
57456	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Endocervical Curettage
57460	Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Biopsy(s) Of The Cervix

- Effective for dates of service on or after February 1, 2011 the PT 11 (Immunization Clinics) can report the HCPCS codes below:

Code	Description
G0008	Administration Of Influenza Virus Vaccine
Q2036	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Flulaval)
Q2037	Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use (Fluvirin)

- Effective for dates of service on or after August 1, 2012 the PT 02 (Hospital) will **no longer be able to report** the following codes:

Code	Description
90700	Diphtheria, Tetanus Toxoids, And Acellular Pertussis Vaccine (DTAP), When Administered To Individuals Younger Than 7 Years, For Intramuscular Use
90702	Diphtheria And Tetanus Toxoids (DT) Adsorbed When Administered To Individuals Younger Than 7 Years, For Intramuscular Use
90707	Measles, Mumps And Rubella Virus Vaccine (MMR), Live, For Subcutaneous Use
90713	Poliovirus Vaccine, Inactivated (IPV), For Subcutaneous Or Intramuscular Use
90714	Tetanus And Diphtheria Toxoids (TD) Adsorbed, Preservative Free, When Administered To Individuals
90744	Hepatitis B Vaccine, Pediatric/Adolescent Dosage (3 Dose Schedule), For Intramuscular Use



Processing Reminders—Reporting of non-covered charges/partial denials/administrative denials

- It is important that Contractors report applicable non-covered charges on encounters as outlined in the TR3 and AHCCCS Companion Guides.
- Non-covered charges should not be subtracted from the total billed charge as the provider submitted billed charge itself should not be altered.
- If all charges are non-covered on an encounter, and it is an applicable Administrative denial (1), it should be reported as Denied per the instructions in the Encounter Manual (2).
- For outpatient facility encounters with both paid and disallowed lines, encounters should not be split (for covered and disallowed lines) but may be submitted as AHCCCS Partial denials per instructions in the Encounter Manual (3).

(1)

Administrative Denials for Encounter Collection:

Medical Necessity/Review

Denied per medical review
No documentation to support medical necessity
Documentation does not support medical necessity
Documentation does not support services/charges

COB

EOB required
EOB does not match claim
Member has other insurance that must be billed first

Billing

Denied for bundled services
CCI denial
Untimely submission from claim receipt to date(s) of service
Procedure included in base code

Additional Information

Requested documentation not received

Prior Authorization

Prior authorization not on file

ESRD

Service included in composite rate
Service not related to ESRD condition
EPO denied due to hematocrit level or not on claim
Documentation needed to support services
EPO Dose adjustment orders needed
Date(s) of service/number of dialysis treatments not matched

(2)

Administratively Denied Encounter Submissions

AHCCCSA requires administratively denied 837P, 837I, and 837D encounters to be submitted in separate files from paid encounters. Denied encounters are encounters that have been denied or non-covered in full. Denied files must have the input mode of '6' in Loop 1000A NM109, value of 'AHCCCSDENIED' in GS03 (per current companion document) and add the extension of '.deny' to the file name. These files will undergo limited validator syntax editing and, when they pass validation, will be moved to the mainframe as a denied file. Files that fail validation must be corrected or resubmitted. Refer to the following validation sections for additional information.

(3)

Institutional Submissions with Non-Covered Lines for Invalid Code Set

AHCCCSA requires 837I encounters with non-covered lines containing invalid codes to be submitted in separate files from paid or denied encounters. These institutional encounters with an invalid code set at the line must have the line denied or non-covered. While all other data elements are identical to paid files, these files must have 'AHCCCSPARTIAL' in GS03 (per current companion document). These files will undergo validator syntax editing and, after passing validation, will be moved to the mainframe as a paid file. Refer to the following validation sections for additional information.



“Happiness is a butterfly which, when pursued, is always just beyond your grasp but which, if you will sit down quietly, may alight upon you.”

Nathaniel Hawthorne